



Serving the People of California

REPORT OF NEW EMPLOYEE(S)

See detailed instructions on reverse side. Please type or print.

NOTE: Report new employees within 20 days of start of work.



00340198



DATE MMDDYY	CA EMPLOYER ACCOUNT NO. L	BRANCH CODE L	FEDERAL ID NO. L
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BUSINESS NAME	CONTACT PERSON	TELEPHONE NO.
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ADDRESS	STREET	CITY	STATE	ZIP
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EMPLOYEE FIRST NAME L	MI L	EMPLOYEE LAST NAME L	UNIT/APT L
SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE MMDDYY
CITY L	STATE L	ZIP L	

EMPLOYEE FIRST NAME L	MI L	EMPLOYEE LAST NAME L	UNIT/APT L
SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE MMDDYY
CITY L	STATE L	ZIP L	

EMPLOYEE FIRST NAME L	MI L	EMPLOYEE LAST NAME L	UNIT/APT L
SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE MMDDYY
CITY L	STATE L	ZIP L	

EMPLOYEE FIRST NAME L	MI L	EMPLOYEE LAST NAME L	UNIT/APT L
SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE MMDDYY
CITY L	STATE L	ZIP L	

EMPLOYEE FIRST NAME L	MI L	EMPLOYEE LAST NAME L	UNIT/APT L
SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE MMDDYY
CITY L	STATE L	ZIP L	

EMPLOYEE FIRST NAME L	MI L	EMPLOYEE LAST NAME L	UNIT/APT L
SOCIAL SECURITY NO. L	STREET NO. L	STREET NAME L	START-OF-WORK DATE MMDDYY
CITY L	STATE L	ZIP L	



INSTRUCTIONS FOR COMPLETING THE REPORT OF NEW EMPLOYEE(S), DE 34

WHO MUST BE REPORTED:

Federal law requires all employers to report to EDD within 20 days of start of work, employees who are newly hired or rehired. This information is used to assist state and county agencies in locating parents who are delinquent in their child support obligations.

An individual is considered a **new hire** on the first day in which he/she performs services for wages. An individual is considered a **rehire** if the employer/employee relationship has ended and the returning individual is required to submit a W-4 form to the employer.

WHAT MUST BE REPORTED ON THIS FORM:

Employer's:

- Business name and address
- Federal Employer Identification Number
- California Employer Account Number (Branch Code if applicable)
- Contact person's name and telephone number

Employee's

- First name, middle initial, and last name
- Social security number
- Home Address
- Start of work date (hire date)

HOW TO COMPLETE THIS FORM:

Please record information in the spaces provided. If you use a typewriter or printer, ignore the boxes and type in UPPER CASE as shown. Do not use dashes or slashes

EMPLOYEE FIRST NAME										MI	EMPLOYEE LAST NAME																												
I M O G E N E										A	S A M P L E																												
SOCIAL SECURITY NO.										STREET NO.										STREET NAME										UNIT/APT									
1 2 3 4 5 6 7 8 9										1 2 2 3										A N Y S T R E E T										3 1 2									

If you **must hand print this form**, write each letter or number in a separate box as shown. Do not use commas or periods.

EMPLOYEE FIRST NAME										MI	EMPLOYEE LAST NAME																												
I M O G E N E										A	S A M P L E																												
SOCIAL SECURITY NO.										STREET NO.										STREET NAME										UNIT/APT									
1 2 3 4 5 6 7 8 9										1 2 2 3										A N Y S T R E E T										3 1 2									

ADDITIONAL INFORMATION:

To obtain information for submitting Reports of New Employee(s) on magnetic media, call (916) 654-6845.

If you have any questions concerning this reporting requirement, please contact your local Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory in the State Government section under "Employment Development Department".

To obtain additional DE 34s, contact:

- Your local ETCSO;
- The EDD Home Page at <http://www.edd.cahwnet.gov>; or
- Telephone (916) 322-2835 for 25 or more forms.

An inquiry line (916) 657-0529 has been established to provide information about this reporting requirement. A customer service representative will be available to assist you during normal business hours.

HOW TO REPORT:

Please record the information in the spaces provided and mail to the following address or FAX to (916) 653-5214.

**EMPLOYMENT DEVELOPMENT DEPARTMENT
P. O. Box 997016, MIC 23
West Sacramento, CA 95799-7016**